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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number P01466-US-00 (13030.0010)	
<input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required) OR		First Named Inventor CHANA, Gursharan Singh	
COMPLETE IF KNOWN			
Application Number		10/596,402	
I. A. Filing Date		12/09/2004	
Group Art Unit			
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED TARGETING DEVICE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

06/12/2006

as United States Application Number or PCT International

Application Number **10/596,402** and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the practitioners at Customer Number 22446 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact business in the United States Patent Office connected therewith.

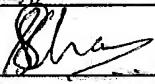
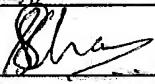
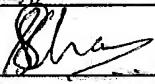
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				YES NO
0328788.5	GB	12/12/2003	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
0402471.7	GB	02/04/2004	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
0419983.2	GB	09/09/2004	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
PCT/GB2004/005168	PCT	12/09/2004	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below						
<p>Name Alexander D. Forman</p> <p>Address ICE MILLER LLP, One American Square, Suite 3100</p> <table border="1"> <tr> <td>City Indianapolis</td> <td>State IN</td> <td>ZIP 46282-0200</td> </tr> <tr> <td>Country USA</td> <td>Telephone (317) 236-5826</td> <td>Fax (317) 592-5433</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				City Indianapolis	State IN	ZIP 46282-0200	Country USA	Telephone (317) 236-5826	Fax (317) 592-5433
City Indianapolis	State IN	ZIP 46282-0200							
Country USA	Telephone (317) 236-5826	Fax (317) 592-5433							
<p>NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1"> <tr> <td>Given Name (first and middle [if any]) Gursharan Singh</td> <td>Family Name or Surname CHANA</td> </tr> <tr> <td>Inventor's Signature </td> <td>Date 15.8.06</td> </tr> </table> <p>Residence: City Sutton Coldfield State _____ Country GB Citizenship GB</p>				Given Name (first and middle [if any]) Gursharan Singh	Family Name or Surname CHANA	Inventor's Signature 	Date 15.8.06		
Given Name (first and middle [if any]) Gursharan Singh	Family Name or Surname CHANA								
Inventor's Signature 	Date 15.8.06								
<p>Mailing Address Kenwood, 57 Bracebridge Road</p> <table border="1"> <tr> <td>City Sutton Coldfield</td> <td>State _____</td> <td>ZIP B74 2SL</td> <td>Country GB</td> </tr> </table>				City Sutton Coldfield	State _____	ZIP B74 2SL	Country GB		
City Sutton Coldfield	State _____	ZIP B74 2SL	Country GB						
<p>NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1"> <tr> <td>Given Name (first and middle [if any])</td> <td>Family Name or Surname</td> </tr> <tr> <td>Inventor's Signature</td> <td>Date</td> </tr> </table> <p>Residence: City _____ State _____ Country _____ Citizenship _____</p>				Given Name (first and middle [if any])	Family Name or Surname	Inventor's Signature	Date		
Given Name (first and middle [if any])	Family Name or Surname								
Inventor's Signature	Date								
<p>Mailing Address</p> <table border="1"> <tr> <td>City _____</td> <td>State _____</td> <td>ZIP _____</td> <td>Country _____</td> </tr> </table>				City _____	State _____	ZIP _____	Country _____		
City _____	State _____	ZIP _____	Country _____						
<p><input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.</p>									

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